

Adult Day Care 2008-2009

Dear Client/Guardian:

The _____ participates in the Child and Adult Care Food Program (CACFP) Administered by the United States Department of Agriculture (USDA). Sponsors are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of adult day care and making it more affordable for low-income families.

Please help the center comply with the requirements of the CACFP by completing, signing and returning the attached form as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to your participants in our program. The completed form will be placed in our files and treated as confidential information. All participants in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by the center.

If you receive food stamps, Social Services Insurance/Assistance or qualify through eligibility of Medicaid, then you need to list your food stamp, SSI or Medicaid case number. In addition, you must complete Part 4 and Part 5.

If you do not receive food stamps, SSI, or Medicaid, you must complete the following items on the income application: the total current household income by source, names of all household members, the signature and social security number of an adult household member and the date the form was completed. USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your annual income, and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, the center will receive a higher level of reimbursement.

If you list a food stamp, SSI or Medicaid case number, you must notify us when you no longer receive or qualify for food stamps, SSI or Medicaid benefits. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your family to be within the eligibility standards.

INCOME ELIGIBILITY GUIDELINES

Effective July 1, 2008 – June 30, 2009

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$19,240	\$1,604	\$ 370
2	\$25,900	\$2,159	\$ 499
3	\$32,560	\$2,714	\$ 627
4	\$39,220	\$3,269	\$ 755
5	\$45,880	\$3,824	\$ 883
6	\$52,540	\$4,379	\$ 1,011
7	\$59,200	\$4,934	\$ 1,139
8	\$65,860	\$5,489	\$ 1,267
For each additional member, add	\$ 6,660	\$ 555	\$ 129

All meals served to participants under the Child and Adult Care Food Program are served free regardless of race, color, sex, age, disability, or national origin. There is to be no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted in writing to the Secretary of Agriculture, Washington, D.C. 20250.

Sponsor Representative

Phone Number

If you have questions about the CACFP and its administration, you may contact Paul McElwain, Division Director, or Denise Hagan, Community Nutrition Branch Manager, at 502/564-5625 or at the following address: Nutrition and Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, KY 40601.